

## CONTRACTOR/SUBCONTRACTOR CONTRACT REFERENCE WORKSHEET

For instructions, see paragraph L-32(e) of RFP Section L.

CONTRACT NR: \_\_\_\_\_ CONTRACT TYPE: \_\_\_\_\_

DESCRIPTION OF CONTRACT SERVICES: \_\_\_\_\_

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PLACE OF PERFORMANCE: \_\_\_\_\_ DATES OF PERFORMANCE: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_( ) SUBCONTRACTOR: \_\_\_\_\_( )

LIST OF MAJOR SUBCONTRACTORS, IF ANY: \_\_\_\_\_

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TOTAL CONTRACT VALUE: \_\_\_\_\_ VALUE BY CONTRACT PERIOD: \_\_\_\_\_

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NAME OF CUSTOMER OR CONTRACTING ACTIVITY: \_\_\_\_\_

CONTRACTING OFFICER (KO) Current info verified on \_\_\_\_\_(date):

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TEL.: DSN: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADMINISTRATIVE KO or CONTRACT ADMINISTRATOR Current info verified on \_\_\_\_\_(date):  
(If different from Contracting Officer)

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TEL.: DSN: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROGRAM MANAGER (Current info verified on \_\_\_\_\_(date):

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TEL.: DSN: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

QUALITY ASSURANCE EVALUATOR (Current info verified on \_\_\_\_\_(date):

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TEL.: DSN: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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